

# ELECTRONIC SUBMITTAL PASSWORD AUTHORIZATION FORM FOR CREATING CONSULTANTS AS AUTHORIZED RP AGENTS

FACILITY GLOBAL ID #:

TANK OWNER, OPERATOR, OR RESPONSIBLE PERSON AND ADDRESS:

FACILITY/ LEAK SITE ADDRESS:      CITY      STATE      ZIP CODE

The above identified responsible person does hereby appoint:

DESIGNATED AUTHORIZED REPRESENTATIVE NAME:

COMPANY NAME:

COMPANY ADDRESS      CITY      STATE      ZIP CODE

To apply for a password for the electronic submission to the GeoTracker database of laboratory and location data pertaining to the facility/site identified above.

I hereby agree and further authorize the above-named designated authorized representative to certify that the applicable state regulatory requirements pursuant to Article 12, Chapter 16 (Underground Storage Tank Program Regulations) California Code of Regulations, have and will be complied with.

I hereby agree and further authorize the above-named designated authorized representative to allow to other persons who have collected for the above-identified facility/site to use the password to electronically submit data to the GeoTracker database.

This Authorized Representative Designation shall become effective on the date of execution and shall remain in effect until terminated, in writing, by the above-named responsible person.

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

AT \_\_\_\_\_

\_\_\_\_\_  
RESPONSIBLE PERSON SIGNATURE

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED SIGNATURE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE NUMBER

**To begin electronic data submittal process, obtain password and login at:**

**<https://geotracker.swrcb.ca.gov/ab2886>.**

**Connection may take up to a minute as the secure site is established. Please accept certificate to allow process to continue. Mail for FAX completed and signed form within 2 weeks.**

**Mail or FAX to:  
Deanna Flanagin  
SWRCB – DCWP  
P.O. Box 944212  
Sacramento, CA 94244  
FAX: (916) 341-5808**